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Attorney Docket No. NB 2019.00 **UTILITY** First Inventor H. Michael Shepard PATENT APPLICATION Methods to Treat Autoimmune Title TRANMITTAL **Inflammatory Conditions** for new nonprovisional applications under 37 C.F.R § 1.53(b)) Express Mail Label No. EL 548 626 353 US APPLICATION ELEMENTS Assistant Commissioner for Parent ADDRESS See MPEP chapter 600 concerning utility patent application contents. TO: Box Patent Application Washington DC 20231 Microfiche Computer Program (Appendix) Fee Transmittal Form (e.g., PTO/SB/17) 5. 🗆 1. (Submit an original and a duplicate for fee processing.) 6. 🗆 Nucleotide and/or Amino Acid Sequence Submission [Total Pages 61] 2. 🗵 Specification (preferred arrangement as set forth below) (if applicable, all necessary) Descriptive Title of the Invention Cross References to Related Applications ☐ Computer Readable Copy ☐ Paper Copy (identical to computer copy) Background of the Invention ☐ Statement verifying identity of above copies Brief Description of the Drawings (if filed) **Detailed Description** Claim(s) Abstract of the Disclosure ACCOMPANYING APPLICATION PARTS 3. 🖾 Drawing(s) (35 U.S. C 113) [Total Sheets 3] 4. 🔯 ☐ Assignment Papers (cover sheet & document(s)) Oath or Declaration (Unsigned) [Total Pages 2] M □ 37 C.F.R. §3.73(b) Statement □ Power of Attorney ☐ Newly executed (original or copy) ☐ English Translation Document (if applicable) b. \square Copy from a prior application (37 C.F.R. 10. ☐ Information Disclosure Statement PTO-1449 §1.63(d)) ☐ Copies of IDS Citations (for continuation/division with Box 16 TU 11. □ Preliminary Amendment completed) 12. ☐ Return Report Postcard (MPEP 503) ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) 13. Small Entity Statement named in the prior application, see 37 C.F.R. ☐ Statement filed in prior application, status still proper §§ 1.63(d)(2) and 1.33(b) 14. ☐ Certified Copy of Priority Document(s) 15. Other: Return Postcard 16 f a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Divisional Continuation-in-part (CIP) of prior application No.: ____/ ☐ Continuation Prior application information: Examiner: Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS McCutchen, Doyle, Brown & Enersen LLP Three Embarcadero Center, Suite 1800 By: Antoinette F. Konski San Francisco, CA 94111 Registration No. 34,202 Telephone: (650) 849-4950 Fascsimile: (650) 849-4800 Date:

Group Art Unit

PTO/SB/17 (09-01) roved for use through 10/31/2002. OMB 0651-0032 pmark Office, U.S. DEPARTMENT OF COMMERCE

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Complete if Known Application Number Not Yet Assigned Filing Date January 18, 2002 H. Michael Shepard First Named Inventor Examiner Name Unassigned

Unassigned

Patent fees are subject to annual revision.

Signature

(\$) 388.00 TOTAL AMOUNT OF PAYMENT NB 2019.00 Attorney Docket No.

FEE CALCULATION (continued) METHOD OF PAYMENT The Commissioner is hereby authorized to charge indicated 1. 🔀 3. ADDITIONAL FEES fees and credit any overpayments to: **Entity** Small **Entity** Large Deposit Fee Fee Fee Fee Account 50-1189 Fee Paid Fee Description Code (\$) Number Code (\$) Deposit McCutchen Doyle Brown & Enersen LLP Account 205 65 Surcharge - late filing fee or oath 130 105 Name Surcharge - late provisional filing Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 127 50 227 25 × fee or cover sheet Non-English specification Applicant claims small entity status. See 37 CFR 1.27 139 130 139 130 ┅ For filing a request for ex parte 147 2,520 2. 147 2,520 **Payment Enclosed:** reexamination Requesting publication of SIR prior 920* 9201 112 □ Other 112 Check

Credit Card

Money Order to Examiner action Requesting publication of SIR after 1.840 113 **FEE CALCULATION** 113 1,840 Examiner action Extension for reply within first month 115 110 215 **BASIC FILING FEE** Extension for reply within second 400 216 200 116 month Entity Entity Small Extension for reply within third 460 Fee (\$) Fee Description 117 920 217 month (\$) Code Fee Paid Extension for reply within fourth 720 218 118 1.440 month 228 980 Extension for reply within fifth month 370 128 1,960 101 740 201 370 Utility filing fee Notice of Appeal 330 219 160 119 330 206 165 Design filing fee 106 Filing a brief in support of an appeal 330 220 160 207 255 Plant filing fee 120 107 510 140 Request for oral hearing 280 Reissue filing fee 121 221 740 208 370 108 Petition to institute a public use 138 1,510 138 1,510 Provisional filing fee 80 114 160 214 Petition to revive - unavoidable 240 55 140 110 1.280 640 Petition to revive - unintentional 241 SUBTOTAL (1) (\$)370.00 141 242 640 Utility issue fee (or reissue) 142 1,280 **EXTRA CLAIM FEES** 243 230 Design issue fee Fee Paid 143 460 Plant issue fee \$18,00 144 620 244 310 22 "Jotal Claims Independent Claims 122 130 122 130 Petitions of the Commissioner 3 - 3** Petitions related to provisional 50 123 50 123 Multiple Dependent applications Submission of Information 126 180 126 180 Disclosure Stmt Recording each patent assignment Entity Fee (\$) Small Entity 40 per properties (times number of 581 581 40 Fee Description (\$) properties) Filing a submission after final 740 rejection (37 CFR § 1.129(a)) 146 246 370 Claims in excess of 20 103 18 203 For each additional invention to be Independent claims in excess of 3 740 249 370 42 102 202 examined (37 CFR § 1.129(b)) Request for Continued Examination 179 740 279 370 140 Multiple dependent claims, if not paid 280 204 104 (RCE) Request for expedited examination "Reissue independent claims over 169 900 169 900 42 original patent of a design application **Reissue claims in excess of 20 and 210 110 18 over original patent Other fee (specify) SUBTOTAL (2) (\$)18.00 SUBTOTAL (3) (\$) *Reduced by Basic Filing Fee Paid or number previously paid, if greater; For reissues, see above. Complete (if applicable) SUBMITTED BY Registration No. (650) 849-4950 34,202 Telephona Name (Print/Type) Antiologite F. (Attomey/Agent) Date

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